

TOWN OF HERNDON

Department of Community Development, P. O. Box 427, Herndon, Virginia 20172-0427



NOTICE OF APPEAL

to the BOARD OF ZONING APPEALS

Submittal of this form with original signatures is **required**. **PLEASE PRINT OR TYPE** (Unless otherwise indicated.)

Request for an Appeal of a Written Determination by
the Zoning Administrator issued on (date): _____

Address of the Subject Property (including apt/suite #): _____

Name of Applicant: _____

Mailing Address: _____

E-mail address

Telephone #:

FAX #:

Please check one:

- I am ☐ the owner of the property that was the subject of the Zoning Administrator's determination.
☐ other. Please explain:

The undersigned hereby applies for an Appeal to the Board of Zoning Appeals under the provisions of § 78-202.12 of the Herndon Town Code.

I hereby affirm and certify that:

- *The information provided on this form is true and correct to the best of my knowledge.*
- *The requirements associated with this application have been read and are understood.*
- *The use and occupancy of buildings and/or the use of land noted above is in conformance with all provisions of the Town of Herndon, Virginia Zoning Ordinance regulations to the best of my knowledge.*
- *The applicant must attend the public hearing scheduled for this application with the Board of Zoning Appeals and the application may be postponed or denied if the applicant does not appear on the assigned date.*

Signature of Applicant (as listed above)

Date

NOTICE OF APPEAL to the BOARD OF ZONING APPEALS - continued

TO BE SUBMITTED WITH THIS APPLICATION

☐ A statement specifying the grounds for the appeal (§ 78-202.12);

☐ Filing fee.

For Office Use Only:

Application Received by:	Date:
Tax Map Reference:	Zoning District:
Fee paid:	Status of Taxes: <input type="checkbox"/> Paid <input type="checkbox"/> Delinquent

**Distribution
after
approval:**

Applicant

Community
Development

Fire
Department

Finance
